after the date of the enactment of the Trauma Systems and Regionalization of Emergency Care Reauthorization Act'' after ''Act of 2007''; and

(B) in subparagraph (A), by striking ''and the American Academy of Pediatrics'' and inserting ''the American Academy of Pediatrics, and (with respect to the update pursuant to the Trauma Systems and Regionalization of Emergency Care Reauthorization Act) the American Burn Association''.

(c) CONFORMING AMENDMENTS.—Part B of title XII of the Public Health Service Act is amended—

(1) in section 1218(c)(2) (42 U.S.C. 300d–18(c)(2)), in the matter preceding subparagraph (A), by striking ''1232(b)(3)'' and inserting ''section 1232(b)''; and

(2) in section 1222 (42 U.S.C. 300d–22), by striking ''October 1, 2008'' and inserting ''October 1, 2017''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act, H.R. 648, is identical to H.R. 4080 that passed the House last year unanimously. This legislation has also passed both the subcommittee and the full committee. This support extends back to 1990 when the grant was created and authorized.

This reauthorization allows funding for trauma systems development and the regionalization of emergency care. These programs are designed to improve patient outcomes, and they are designed to save lives and cut costs, objectives where I believe there is bipartisan agreement.

Trauma systems are organized efforts in a defined geographic area that deliver the full range of care to injured patients. Many members of the subcommittee have trauma systems in their districts or ones nearby that are able to serve their constituents.

Regionalizing emergency care allows States to coordinate their resources and helps first responders act faster, leading to lower costs and better outcomes. A study released last year found that patients living near a recently closed trauma facility were 20 percent more likely to die from their injuries. Two years after closure, the likelihood of death increased to 29 percent, emphasizing the importance of these grants.

This legislation is broadly supported by medicine, sharing the list of supporting organizations that I previously read on H.R. 647. It is bipartisan. I would stress it has gone through regular order.

I want to thank Chairman UPTON and Chairman PITTS, as well as Ranking Member PALLONE and Ranking Member GREEN, for their help and support on this legislation. I want to thank the Energy and Commerce staff on both sides of the dais: Clay Alspach, Katie Novaria, as well as Hannah Green, and a special thanks to Adrianna Simonelli, who championed both of these bills as my legislative fellow and who is now working on the committee.

Mr. GREEN and I have worked on these issues literally for years, and I appreciate his continued partnership on this bill. I want to thank his staff, Kristen O'Neill. Finally, I do want to thank J.P. Paluskiewicz, who shepherded this bill through the entire process.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 648, the Trauma Systems and Regionalization of Emergency Care Reauthorization Act. I am proud to be the lead sponsor of this bill, along with my colleague, Dr. BURGESS, and I want to thank him for his leadership and commitment to this issue.

The bill reauthorizes the programs that provide grants to States for planning, implementing, and developing trauma care systems and establishing pilot projects to design innovative models of emergency care systems.

Ideally, trauma and emergency care systems respond quickly and efficiently to ensure that seriously injured individuals receive the care they need within the golden hour, the time period in which medical intervention is most effective at saving lives. However, unintentional injury remains the leading cause of death for Americans ages 44 years and younger, and access to trauma centers is inconsistent throughout the country. In fact, 45 million Americans lack access to a trauma center within the first hour after injury.

Emergency departments and trauma centers are overcrowded. The emergency care system is splintered, and surgical specialists are often unavailable to patients when they need them. This legislation helps establish a system that saves lives and improves the functioning of our trauma care systems.

Again, I want to thank Representative BURGESS for championing this effort with me and his staff for their efforts. I also want to acknowledge the leadership of Chairman UPTON, Chairman PITTS, Ranking Member PALLONE, and the work of the committee's staff in advancing this bill through the Energy and Commerce Committee.

Mr. Speaker, I support this bipartisan bill. I urge my colleagues to do the same.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, let me just conclude by strongly urging all Members of the House to vote in favor of this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 648.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GENE GREEN of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RESIGNATION AS MEMBER OF COMMITTEE ON SMALL BUSINESS

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on Small Business:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 16, 2015.

Hon. JOHN BOEHNER,
Speaker, The Capitol,
Washington, DC.

DEAR SPEAKER BOEHNER: I write today to resign from the House Small Business Committee. While I appreciate the honor of being appointed, in order to best serve the constituent of Texas' 23rd congressional district, I believe I must focus on my existing committee assignments.

With my background in the intelligence community, cybersecurity, and representing the district with the largest length of U.S.-Mexico Border, my ability to focus on my Information Technology Subcommittee Chairmanship and Border and Maritime Subcommittee Vice-Chairmanship is where I believe I can be of most value to my constituents and colleagues in the House.

I appreciate your timely consideration of this request.

Sincerely,

WILL HURD,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.

There was no objection.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 3 o'clock and 55 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 4 o'clock and 30 minutes p.m.

NOTICE OF OBSERVATION TREATMENT AND IMPLICATION FOR CARE ELIGIBILITY ACT

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 876) to amend title XVIII of the Social Security Act to require hospitals to provide certain notifications to individuals classified by such hospitals under observation status rather than admitted as inpatients of such hospitals, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 876

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Notice of Observation Treatment and Implication for Care Eligibility Act'' or the ''NOTICE Act''.

SEC. 2. MEDICARE REQUIREMENT FOR HOSPITAL NOTIFICATIONS OF OBSERVATION STATUS.

Section 1866(a)(1) of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

(1) in subparagraph (V), by striking at the end ''and'';

(2) in the first subparagraph (W), by striking at the end the period and inserting a comma;

(3) in the second subparagraph (W)—

(A) by redesignating such subparagraph as subparagraph (X); and

(B) by striking at the end the period and inserting '', and''; and

(4) by inserting after such subparagraph (X) the following new subparagraph:

''(Y) beginning 12 months after the date of the enactment of this subparagraph, in the case of a hospital or critical access hospital, with respect to each individual who receives observation services as an outpatient at such hospital or critical access hospital for more than 24 hours, to provide to such individual not later than 36 hours after the time such individual begins receiving such services (or, if sooner, upon release)—

''(i) such oral explanation of the written notification described in clause (ii), and such documentation of the provision of such explanation, as the Secretary determines to be appropriate;

''(ii) a written notification (as specified by the Secretary pursuant to rulemaking and containing such language as the Secretary prescribes consistent with this paragraph) which—

''(I) explains the status of the individual as an outpatient receiving observation services and not as an inpatient of the hospital or critical access hospital and the reasons for such status of such individual;

''(II) explains the implications of such status on services furnished by the hospital or critical access hospital (including services furnished on an inpatient basis), such as implications for cost-sharing requirements under this title and for subsequent eligibility for coverage under this title for services furnished by a skilled nursing facility;

''(III) includes such additional information as the Secretary determines appropriate;

''(IV) either—

''(aa) is signed by such individual or a person acting on such individual's behalf to acknowledge receipt of such notification; or

''(bb) if such individual or person refuses to provide the signature described in item (aa), is signed by the staff member of the hospital or critical access hospital who presented the written notification and includes the name and title of such staff member, a certification that the notification was presented, and the date and time the notification was presented; and

''(V) is written and formatted using plain language and is made available in appropriate languages as determined by the Secretary.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Texas (Mr. DOGGETT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 876, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, this is commonsense legislation dealing with the Medicare program that is bipartisan that the Committee on Ways and Means marked up a couple of weeks ago.

I want to just commend my colleagues Congressman YOUNG from Indiana and Congressman DOGGETT from Texas for their work on this.

This is common sense. This tells patients what the rules are so that they know what is going to happen when they are in the hospital, so they know what kind of billing they are going to have.

I yield whatever time he may consume to the gentleman from Indiana (Mr. YOUNG), the coauthor of this legislation, for the purpose of describing this legislation.

Mr. YOUNG of Indiana. Mr. Speaker, I thank the chairman for taking up this important piece of legislation today. I also want to thank the gentleman from Texas (Mr. DOGGETT) for his leadership on this issue.

When seniors require a hospital stay, they are rightfully more concerned with their recovery than with understanding how the hospital classifies their status as a patient; but when that classification can impact future coverage of health care services related to their recovery, they deserve to be made aware of the potential ramifications.

This act, the NOTICE Act, would require hospitals to provide meaningful written and oral notification to patients who are in the hospital under observation for more than 24 hours. This notice would alert the beneficiary or person acting on their behalf of the Medicare patient's admission status and the financial implications of that classification so he or she can advocate on their own behalf while in the hospital.

No one should be caught off guard by a large medical bill just because they weren't aware of the status codes or the billing procedures. In a time of sickness and stress, families should focus on the recovery of their loved ones instead of dealing with the hidden costs due to lack of notice.

Mr. DOGGETT. Mr. Speaker, I rise in support of the bill and yield myself such time as I might consume.

The NOTICE Act, as the name suggests, is about giving notice. In this case, it gives notice to patients when they are about to be billed personally, perhaps for many thousands of dollars, because they were characterized as under observation rather than regular inpatient status without them even knowing.

I am pleased to have worked on this legislation since last summer with Mr. YOUNG when we originally filed the bill, and I am appreciative of Chairman RYAN's prompt consideration of it in our committee.

This is a consumer protection bill designed to provide at least limited protection to health care consumers. Currently, a hospital may either admit a patient as an inpatient or keep them under observation. This categorization might apply to heart murmur, irregular heartbeat, indigestion, or other symptoms that would cause a senior or an individual with a disability who is covered by Medicare to go into the hospital.

It probably makes little or no difference in the way the hospital treats the physical condition, but it can make a very big difference in terms of how the patient's pocketbook is cared for. Indeed, the effect of being under observation is that the patient gets stuck with the bill for any skilled nursing home care that is required for rehabilitative services after the stay at the hospital.

Medicare will pay for that needed care if a Medicare recipient patient is hospitalized for more than 3 days as an inpatient, but Medicare will not pay for skilled nursing home care if someone is simply under observation. Since Medicare has paid nothing, there is also no gap to be covered by Medigap; and instead of being in a gap, folks like this are really left in just a giant black hole. A Medicare patient that is sucked into this hole will be billed for the entire cost of rehabilitation at the nursing home, which can run into tens of thousands of dollars.

This practice is happening more and more across America, though it is largely unknown to most people until they get caught up in it. In 2012, Medicare patients had more than 600,000 observation stays that lasted 3 days or more. According to one study, over a 6-year span, the number of stays under observation has increased by 88 percent. Many Medicare patients are being put under observation for a length of time that exceeds the guidelines that have been set by Medicare.

Last year on the NBC Nightly News, Kate Snow profiled Ms. Kelley-Nelum, who discovered that this costly classification had a big impact on her hospitalized husband. After repeated questioning and demanding to know why